

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FLECTION DEPT. SOMERVILLE, MA

mmonwealth Massachusetts	SOMERVILLE, MA
le with: ty or Town Clerk or Election Commission Please print or type all i	information, except signatures. 2011 OCT 31 P 2: 22
Till ill dates.	Year Date Year Doll 2011
Type of report: (Check one) ☐8th day preceding preliminary 8th day preceding elect	ion □30 day after election □year-end report □dissolution
Bruce M. Desmond Full Name of Candidate (if applicable) Alderman at Large Office Sought and District 220A Summer St. Somerville Residential Address Tel. No. (optional)	CTE Bruce Desmond Committee Name Barbara Desmond Name of Committee Treasurer 220 A Summer St. Somerville Committee Mailing Address Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 minu Line 6: Total in-kind contribution Line 7: Total (all) outstanding lial	d (page 2, line 11) \$ 189. 10 period (page 3, line 14) s 10.00 \$ 179.10 s this period (page 4) \$ 179.10
Line 8: Name of bank(s) used	Bilities (page 4)
campaign finance activity, including all contributions, loans, receipts, expeand represents the campaign finance activity of all persons acting under to Signed under the penaltic Treasurer's signature (in ink)	d it is, to the best of my knowledge and belief, a true and complete statement of all inditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of es of perjury:
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee are properly independent of the committee are properly including attached schedules and properly including attached schedules are	nittee d it is, to the best of my knowledge and belief, a true and complete statement of all

Affidavit of Candidate: (check 1 box only)

A Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Date

Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

number on e Date Received	Name and Residential Address	Am	ount	Occupation & Employer (for contributions of \$200 or more)
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	70	·		
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	otal receipts in excess of \$50 (or listed above)	Ø :		
	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD	Ø		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

umber on eacl Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
:					
				·	
					-
					•
					:
•					
	. — . —	Line 12: E	expenditures over \$50	8	
· Pr	nter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES	10 -	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				· ·
			In-kind over \$50 In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	Ø

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		Selyached		
				<u> </u>
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$23,491.69

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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()esmond	Liabilities
Sruce	Schedule D:

		-		-	
Date incurred 7	To Whom Due Anthony's Function Hall	Address 156 Highland Avenue Somerville, MA	Purpose Hall Rental	Amount \$410,00	
9/1/1999E	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	\$13958.72 \$1418079	
7/21/2006 E	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	\$4,000.00	· ·
7/28/2006 E	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	\$2,750.00	
12/1/2005	NSTAR	P.O. Box 4508 Waburn, MA	Utilities	\$372,97	· •
	Sullivan & McDermott	1990 Centre Steet	Legal Services	\$1,500.00	•
9/21/3010	Bruce & Barbara Darund	VOSST NOXOUTY, INA SOM UNITE HA	toath Line 18:	\$ 529, 42	

June 1800